

soldering water-pipes, a trade not usually considered as exposed to lead-poisoning, though mentioned as such by Gowers. The lead used by the patient was red-lead, mixed with shellac. It seems that the man was in the habit of eating without washing his hands. The diagnosis was confirmed by the blue line and the presence of lead in the urine. Clinically, the intoxication was interesting in the first place, because, without any discoverable reason, the characteristic hard pulse suddenly became irregular and very small, with embryocardia. This the author ascribed to the effects of the lead on the cardiac ganglia. In the same case there was besides drop-wrist the hitherto undescribed symptom of paralysis of the (right) facial nerve, or rather its lower two branches. There was also contraction of the right pupil, with diminished reaction to light. A similar affection has been reported by W. Fitz. The author explains it by an implication of the cervical sympathetic. Causes for the various paralyses other than lead-poisoning could not be found.

OBSERVATIONS ON EXCESSIVE INTESTINAL PUTREFACTION.

HERTER and SMITH make a valuable contribution to the pathology of the intestine (*New York Medical Journal*, June 22, 29; July 6, 13, 20, 1895) which, if it does not reach any definite conclusions, at least furnishes many clinical data, and shows the importance of further researches in this difficult field. From its fulness of detail the article does not permit an adequate review in brief space. The authors give the results of investigations in the amount of preformed and combined sulphates in the urine, of indican, urea, and uric acid, in many cases of intestinal disease; the value of various intestinal symptoms, such as flatus, pain, alterations in the number and character of the stools, and the remote symptoms of intestinal indigestion. They then describe the relation of excessive intestinal putrefaction to epilepsy, melancholia, kidney disease, and other pathological conditions. The treatment, both dietetic and medicinal, is spoken of at length. The remarks on some of the commoner "intestinal antiseptics" are especially valuable.

ACUTE LEUKÆMIA.

SEELIG (*Deutsches Archiv für klin. Med.*, Bd. 54, p. 537) adds to the small number hitherto reported (twenty-nine up to 1893) a new case of acute leukæmia. A boy of eleven years had been ill two years with post-scarlatinous nephritis. More recently he lost strength, had headache, nausea, and gastric disturbances. The spleen was enlarged. The blood examination was negative. When seen sixteen days later he had œdema of the eyelids, enlarged lymphatic glands, swollen and bleeding gums. The blood showed great increase of leucocytes—1:5.4. Pain and tenderness of the tibia, subcutaneous nodules, and hemorrhages in the skin followed. Death occurred four days after the leukæmic condition was discovered, twenty days after the negative examination of the blood. The autopsy revealed characteristic enlargement of the spleen, liver, and lymphatic glands; lymphoid marrow in the long bones; hyperplasia of lymphatic tissue in the mucous membrane of the stomach and intestines; lymphomata in the kidneys, subcutaneous tissue, gums, and epicardium—the latter being unusually large;

ecchymoses in the skin and serous membranes. The description of the blood is not intelligible. It is stated that myelocytes were present in large numbers, but that "granulations in Ehrlich's sense" could not be found. [The so-called myelocytes were probably lymphocytes of unusual size.] Eosinophile cells were absent, and Charcot's crystals did not form post-mortem. There were a few nucleated red corpuscles. A later examination showed that lymphocytes preponderated, and the same was true of the blood examined after death.

The author suggests that the case was originally one of pseudoleukæmia, and remarks that the case shows how impossible it is to recognize the primary seat of a leukæmia from the condition of the blood.

CARDIAC ARRHYTHMIA IN CHILDHOOD.

HEUBNER (*Zeitschrift für klin. Med.*, Bd. xxvi. H. 5, u. 6) claims that functional arrhythmia is much commoner in childhood than has been thought. A number of examples are described. The following classification indicates the most common causes: 1. Arrhythmia from poisoning, as by digitalis, stramonium, and opium. 2. From digestive disturbances (auto-intoxication and hydrocephaloid). 3. Diseases of the abdominal organs with vomiting, but without other evidences of auto-intoxication. 4. From infectious diseases, in the onset, the acme, or in convalescence. 5. Anæmia and nervousness. 6. From the irritation of intestinal parasites. 7. Arrhythmia after excitement, in sleep, and after bathing. 8. Idiopathic arrhythmia.

CHRONIC COFFEE INTOXICATION.

In a recent paper read before the Société des Hôpitaux, GILLES DE TOURETTE (*Gazette Médicale de Paris*, July 20, 1895) calls attention to the fact that chronic coffee-poisoning is much more common than is generally supposed, and is generally confounded with alcoholic disturbances. The poison acts principally on the stomach and the nervous system.

The coffee dyspepsia resembles the alcoholic very much; there are as symptoms, morning expectoration of mucus, pain in the epigastric region, and marked anorexia. The disgust for food finally becomes so great that the patient can only take coffee, or bread soaked in coffee, and in this manner the poisoning rapidly increases in severity; nausea and vomiting, with acid pyrosis next appear, and the patient becomes much emaciated. On the side of the circulation a slowing of the pulse is usually observed, palpitation being rare.

The nervous symptoms are marked. Insomnia is common, or if sleep occurs it is often accompanied by terrifying dreams. General tremor is often present, with fibrillary twitching of the lips and tongue. Cramps in the limbs may occur. The general sensibility is diminished in a certain number of cases. Paralysis have not been observed. In children, arrest of development takes place.

The stoppage of the coffee generally results in a rapid cure, much more rapid than from similar troubles due to alcohol.